

**FACSIMILE COVER SHEET****Licata & Tyrrell P.C.**

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August 24, 2004

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**GROUP: 1635**

**FAX NUMBER: 1-703-872-9307**

**ATTORNEY DOCKET NO.: RTS-0147**

**SERIAL NO.: 09/828,344**

**FILED: April 5, 2001**

**CUSTOMER NO.: 32862**

**CONFIRMATION NO.: 1718**

**NUMBER OF PAGES: 13**  
(including this sheet)

**MESSAGE:** Attached is an Amendment Transmittal Letter (in duplicate) and  
Amendment in response to Final Rejection dated June 24, 2004.

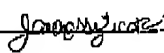
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AMENDMENT TRANSMITTAL LETTER (Large Entity)				Docket No. RTS-0147	
Applicant(s): <b>Bennett and Wyatt</b>					
Application No. 09/828,344	Filing Date April 5, 2001	Examiner James Schultz	Customer No. 32862	Group Art Unit 1635	Confirmation No. 1718
Invention: <b>ANTISENSE MODULATION OF PHOSPHOLIPID SCRAMBLASE 1 EXPRESSION</b>					
<b>COMMISSIONER FOR PATENTS:</b>					
Transmitted herewith is an amendment in the above-identified application. The fee has been calculated and is transmitted as shown below.					
<b>CLAIMS AS AMENDED</b>					
	CLAIMS REMAINING AFTER AMENDMENT	HIGHEST # PREV. PAID FOR	NUMBER EXTRA CLAIMS PRESENT	RATE	ADDITIONAL FEE
TOTAL CLAIMS	13 -	20 =	0 x	\$18.00	\$0.00
INDEP. CLAIMS	1 -	3 =	0 x	\$86.00	\$0.00
Multiple Dependent Claims (check if applicable) <input type="checkbox"/>					\$0.00
<b>TOTAL ADDITIONAL FEE FOR THIS AMENDMENT</b>					<b>\$0.00</b>
<div style="display: flex; justify-content: space-between;"><div><input checked="" type="checkbox"/> No additional fee is required for amendment. <input type="checkbox"/> Please charge Deposit Account No. _____ in the amount of _____ <input type="checkbox"/> A check in the amount of _____ to cover the filing fee is enclosed. <input checked="" type="checkbox"/> The Director is hereby authorized to charge payment of the following fees associated with this communication or credit any overpayment to Deposit Account <b>50-1619</b> <input checked="" type="checkbox"/> Any additional filing fees required under 37 C.F.R. 1.16. <input checked="" type="checkbox"/> Any patent application processing fees under 37 CFR 1.17. <input type="checkbox"/> Payment by credit card. Form PTO-2038.</div><div><b>WARNING: Information on this form may become public. Credit card information should not be included on this form. Provide credit card information and authorization on PTO-2038.</b></div></div>					
<div style="display: flex; align-items: center;"><div style="flex: 1;"> _____ Jane Massey Licata Reg. No. 32,257 Licata &amp; Tyrrell P.C. 66 E. Main Street Marlton, NJ 08053 Tel: 856-810-1515 Fax: 856-810-1454</div><div style="flex: 0.5; text-align: center;">Signature</div></div>			Dated: <b>August 24, 2004</b>		
CC:			<div>I hereby certify that this correspondence is being deposited with the United States Postal Service with sufficient postage as first class mail in an envelope addressed to "Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450" [37 CFR 1.8(a)] on _____ (Date)</div> <div style="border-top: 1px solid black; height: 20px; margin-top: 5px;"></div> <div style="text-align: center; font-size: small;">Signature of Person Mailing Correspondence</div> <div style="border-top: 1px solid black; height: 20px; margin-top: 5px;"></div> <div style="text-align: center; font-size: small;">Typed or Printed Name of Person Mailing Correspondence</div>		

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